

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
MUNICIPAL DEPARTMENT, SIXTH DISTRICT

JOANN MARTIN

Plaintiff,

VS.

WAL-MART STORES, INC.
a foreign corporation.

No: 2015 M6 002968

PLAINTIFF'S ANSWERS TO DEFENDANT'S INTERROGATORIES

Now comes the Plaintiff, JOANN MARTIN, and in answer to Defendant's Request for Interrogatories, states as follows:

1. State your full name, address, date of birth and the last four digits of your social security number or other Health Insurance Claim number.

ANSWER: JoAnn Martin
10931 S. Major, Chicago Ridge, IL
DOB: 6/18/1958
SSN: *** ** 9260

2. State the full name and address of each person who witnessed or claims to have witnessed the occurrence alleged in your complaint.

ANSWER: Unknown female shopper.

3. State the full name and address of each person not named in (2) above who was present or claims to have been present at the scene of the occurrence immediately before, at the time of or immediately after the occurrence.

ANSWER: Ambulance personnel, Walmart Personnel and unknown shoppers.

4. List any pre-existing injuries or conditions you sustained prior to July 31, 2011.

ANSWER: 2 hernias and eye surgery.

5. Describe in general, the personal injuries sustained by you.

ANSWER: Fractured right wrist, Fractured left ankle, fractured tooth, chest pain.

5. (This is the second #5 listed) State all healthcare benefits you have received or will be eligible to receive as a result of your injuries related to the alleged accident.

ANSWER: I have Blue Cross/Blue Shield.

6. With regard to said injuries, state:

- a) The name and address of each attending physician;
- b) The name and address of each consulting physician;
- c) The name and address of each person or laboratory taking an x-ray of you;
- d) The date or inclusive dates on which each of them rendered you service;
- e) The amounts to date of their respective bills for services; and
- f) From which of them do you have written reports?

ANSWER: See Exhibit A attached.

7. There is no # 7 but there are two #5's.

8. As a result of your personal injuries, were you a patient or out-patient in any hospital or clinic? If so, state the names and addresses of each such hospital or clinic, the amounts of their respective bills and the date or inclusive dates of the services.

ANSWER: Yes. See Exhibit A attached.

9. As a result of your personal injuries, were you unable to work? If so, state (a) the name and address of your employer, if any at said time; (b) the date or inclusive dates on which you were unable to work; (c) the amount of wage or income loss by you, and (d) the name and address of your present employer if any.

ANSWER: Yes.

- (a) Self employed.
- (b) 4/27/13 to present.
- (c) unknown.
- (d) Same as (a).

10. State any and all other expenses or losses you claim as a result of the occurrence.

ANSWER: All losses associated with a personal injury claim.

11. State the complete name and address of every pharmacy used by Plaintiff to have prescriptions filled for the 5 years prior to this incident.

ANSWER: Walmart and Express Scripts.

12. During the five years immediately before the occurrence, had you been confined in a hospital, treated by a physician or x-rayed for any reason other than personal injury? If so, state

the name and address of each such hospital, physician, technician or clinic, the approximate date of the confinement or service and state in general the reason for the confinement.

ANSWER: No.

13. Had you suffered any personal injury before the date of the occurrence? If so, state when where and in general, how you were so injured and describe in general the injuries suffered.

ANSWER: Approximately 1990 auto accident with minor bumps and bruises.

14. Have you suffered either (a) any personal injury or (b) serious illness since the date of the occurrence? If so, state when and where and in general how you were injured and describe in general the injuries suffered, and for (b) state when you were ill and describe in general the illness.

ANSWER: No.

12. (This is the second # 12 listed) Have you ever filed any other suit or made a claim for your own personal injuries? If so, state the court in which filed, the year filed and the title and docket number of the case. If only a claim, supply the name of the insurance company and defendant you made the claim to and against, along with the date.

ANSWER: No.

16. (There is no # 15 listed) List the names and addresses of all persons (other than yourself) and persons previously listed or specifically excluded) who have knowledge of the conditions of the premises which allegedly caused the injuries and damages you are claiming.

ANSWER: Steven Martin, same address as plaintiff.
Angelica Almenderez, 7000 W. 113th Pl. Worth, IL 60482

17. Do you have any continuing complaints or disabilities of any kind resulting from the accident.

ANSWER: Yes.

18. If the answer to Interrogatory No. 17 is in the affirmative, state:

- (a) The nature of the complaint or disability;
- (b) The frequency of the complaint or disability;
- (c) What medical treatment you are receiving or taking for this complaint or disability.

ANSWER: (a) Pain and discomfort. Deformity, stiffness as well as numbness, tingling and loss of range of motion.

- (b) Daily.
- (c) Physical therapy.

19. State where you fell.

ANSWER: In Walmart's store by the frozen food.

20. State in detail what caused your fall.

ANSWER: Rail in front of the freezer.

21. State any and all defects or conditions in the premises you claim caused your fall.

ANSWER: The rail in front of the freezer failed.

22. How long had the defect or condition existed?

ANSWER: Unknown.

23. When did you first become aware of the defect or condition?

ANSWER: When I fell.

24. When did the defendant become aware of the defect or condition?

ANSWER: Unknown.

25. Are you currently a Medicare beneficiary? If so, identify any and all amounts that have been paid by Medicare in satisfaction of medical expense from any healthcare provider involved in the treatment of your injuries you are claiming in this lawsuit. Please outline any communications that you have had with Medicare and specifically any Medicare secondary payer contractor regarding their line.

ANSWER: No.

26. If you are not a Medicare beneficiary, do you anticipate becoming one during the pendency of this litigation? Be sure to supplement your discovery responses accordingly so that defendant can comply with the above Medicare regulations.

ANSWER: No.

27. Have you ever applied for and/or received or been denied Social Security Disability Insurance denial [*sic*]?

a. If you have been denied SSDI benefits, have you appealed the denial or do you plan to appeal the denial?

b. If you have appealed the denial of SSDI benefits, what was the result?

ANSWER: No.

28. Do you have end state renal disease, chronic kidney failure or establish chronic kidney disease?

ANSWER: No.

29. List any and all communications you have had with Medicare and the Center for Medicare and Medicaid Services (CMS).

ANSWER: None.

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CERTIFICATION

Under penalties of perjury, as provided by 735 ILCS 5/1-109, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and, as to such matters, the undersigned certifies as aforesaid that the undersigned verily believes the same to be true.



JOANN MARTIN

JOANN MARTIN EXHIBIT A

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PROVIDER	DATE	ADDRESS	AMOUNT
Village of Bridgeview Ambulance	4/27/2013	PO BOX 438495 Chicago, IL	\$
Palos Community Hospital	4/27/2013	12251 S 80th Av. Palos Heights IL	\$ 905.00
ER Medical Associates of Palos (ER	4/27/2013	12251 S 80th Av. Palos Heights IL	\$ 5,331.95
Radiology & Nuclear Consult.	4/27/2013	12251 S 80th Av. Palos Heights IL	\$ 1,815.52
SCR Laboratory Physicians	4/28/2013	12251 S 80th Av. Palos Heights IL	\$ 86.00
Palos Community Hospital MRI	5/16/2013	12251 S 80th Av. Palos Heights IL	\$ 6.00
Radiology & Nuclear Consult. MRI	5/16/2013	12251 S 80th Av. Palos Heights IL	\$ 3,014.00
Palos Community Hospital	5/29/2013	12251 S 80th Av. Palos Heights IL	\$ 396.00
Palos Anesthesia Associates	5/29/2013	12251 S 80th Av. Palos Heights IL	\$ 18,325.15
Heart Care Centers of IL EKG	5/29/2013	Department 4622 Carol Stream IL 60122	\$ 880.00
SCR Laboratory Physicians	6/6/2013	13011 S. 104th Ave #100 Palos Park IL 60464	\$ 40.00
Palos Community Hospital	6/12/2013-6/14/13	12251 S 80th Av. Palos Heights IL	\$ 132.00
ER Medical Associates of Palos (ER)	6/12/2013	12251 S 80th Av. Palos Heights IL	\$ 7,897.80
Radiology & Nuclear Consult.	6/13/2013	12251 S 80th Av. Palos Heights IL	\$ 646.18
SCR Laboratory Physicians	6/12/13-6/13/13	12251 S 80th Av. Palos Heights IL	\$ 43.00
Palos Community Hospital	7/3/2013	12251 S 80th Av. Palos Heights IL	\$ 198.00
Palos Anesthesia Associates	7/3/2013	12251 S 80th Av. Palos Heights IL	\$ 10,662.30
Orthospine Center (Dr. Earman)	4/30/13-7/12/13	6450 W. College Dr. Palos Heights IL	\$ 770.00
Pro Rehab Services	7/15/13-7/30/13	6400 W. College Dr Palos Heights IL	\$ 4,025.00
Dr. James D. Schlenker	7/30/13-5/14/15	6311 W. 95th St. Oak Lwn IL 60453	\$ 940.00
Southwest Medical Specialists	9/17/2013	10458 S. Pulaski Oak Lawn IL 60453	\$ 58,183.00
Little Co of Mary Hospital	9/27/2013	2800 W. 95th St., Evergreen Park IL	\$ 725.00
Evergreen Anesthesia	10/4/2013	PO Box 631 Lake Forest IL 60045	\$ 353.00
Palos Community Hospital	10/4/2013	12251 S 80th Av. Palos Heights IL	\$ 1,755.00
Nova Med Surgery Center	10/4/2013	6311 W. 95th St. Oak Lwn IL 60453	\$ 319.00
Palos Diagnostics	10/4/2013	12251 S 80th Av. Palos Heights IL	\$ 7,881.87
Biomet (Ankle Brace)	4/30/2013	12251 S 80th Av. Palos Heights IL	\$ 144.00
Nova Med Surgery Center	12/28/2013	Lockbox 8506, PO BOX 8500 Philadelphia PA	\$ 80.67
Evergreen Anesthesia	12/28/2013	6311 W. 95th St. Oak Lwn IL 60453	\$ 9,979.22
Suburban Pain Care Center	9/17/2013	PO Box 631 Lake Forest IL 60045	\$ 3,240.00
Evergreen Anesthesia	6/9/2014	18660 Graphics Dr. Tinley Park IL 60477	\$ 2,039.00
Nova Med Surgery Center	6/9/2014	PO Box 631 Lake Forest IL 60045	\$ 1,890.00
Little Co of Mary Hospital PT	10/20/2014-12/26/14	6311 W. 95th St. Oak Lwn IL 60453	\$ 5,978.27
		2800 W. 95th St., Evergreen Park IL	\$ 2,391.00

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Albert Poronsky D.O.	12/16/2014-5/19/2015	6400 W College Dr. Palos Heights IL	\$	758.00
Nova Med Surgery Center	1/10/2015	6311 W. 95th St. Oak Lwn IL 60453	\$	2,589.00
Evergreen Anesthesia	1/10/2015	PO Box 631 Lake Forest IL 60045	\$	1,485.00
Walgreens /cvs	4/30/13-7/18/13		\$	89.95
Total to date			\$	155,994.88